Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	08-30-20 <u>10</u>	Address:	<u>37</u> 5 <u>7 N 900 W LOT 119</u>
Case #:	22F46 <u>272</u>		<u>CROMWELL, IN</u>
County:	NOBLE		<u>46767,</u>
Type of Laboratory Seizure (check one) Scizure Location (check all that apply)			
Type of Laboratory Seizure (check one) ☐ Operational Lab		Residence	☐ Hotel/Motel
	al/Glassware/Equipment (only)	Outbuilding Vehicle	Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		☐ Ephedrin ☐ Retail/M ☑ Other: <u>N</u>	re Information ne/Pseudoephedrine Tracking Log ferchant Tip OBLE S <u>HERIFF</u>
This report is to be faxed to the following agencies that serve the location:			
Fire Depar	tment: <u>SPARTA TW</u> P	Fax: <u>E-M</u> Fax: <u>E-M</u>	
11 14 Th			Fax:
Child Protection Service:			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>ANDREW SMITH</u> Phone 260-432-8661			
 ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing. *** This form is to be included with the case fife, and a copy sent to the Clandestine Laboratory Team Leader for retention. 			